USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Judith V. Wellington	COURT CASE NUMBER 16CV6238 (AT)
DEFENDANT Spencer-Edwards et al	TYPE OF PROCESS Service of Summons & Complaint

SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Machael Spencer-Edwards

ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
982 Hegeman Avenue, Brooklyn, New York 11208

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

PRO SE: Judith V. Wellington
2056 Cropse Ave.
Apt. #6C
Brooklyn, NY 11214

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE ***(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):***

Fold

Fold

FILED
U.S. DISTRICT COURT
2016 OCT -4 PM 2:53
S.D. OF N.Y.

2016 AUG 24 PM 2:05

Signature of Attorney other Originator requesting service on behalf of: [signature]

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER: (212)- 805 - 0175

DATE: 8/18/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only for USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	P6	No. 054	No. 091	[signature]	8/24/16

I hereby certify and return that I ☒ have personally served , ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual , company, corporation, etc., at the address shown above on the on the individual , company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above *(See remarks below)*

Name and title of individual served *(if not shown above)*
Diane Benessere - Front Office Admin

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address *(complete only different than shown above)*

Date: 9/29/16
Time: 1340 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy: [signature] 4163

Service Fee	Total Mileage Charges including *endeavors)*	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
$ 73.00	$ 4.96		$ 77.96		**$0.00**

REMARKS:
8/24/16 - Set up for mail Service.
9/29/16 · setup for p/s

PRINT 5 COPIES:
1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80

16-6238-1 ✓